

Permit Application Park/Athletic Facility Event

City of Tempe
Community Services Dept.
3500 S. Rural Road
Tempe, AZ 85282
480-350-5200
Fax: 480-350-5058



Date Received _____

Reservation Number _____

SECTION 1 INTRODUCTION

Thank you for your interest in City of Tempe facilities. Please complete the following permit application and return to:

Recreation Services
Facility Recreation Coordinator OR FAX to: 480-350-5058
3500 S. Rural Road
Tempe, AZ 85282

Picnic and athletic facilities are limited in number. The City of Tempe's intent is to serve Tempe residents and Tempe-based organizations and companies. All applications must be submitted a minimum of **30 days prior to the event**. Incomplete applications will not be processed. Please allow at least 10 working days for this application to be processed. You will receive your approved park reservation in the mail requesting payment and signage. For park fees, availability, guidelines and any further assistance please call (480) 350-5200.

If required deposits are to be refunded, the refund will be paid to the *individual* listed on the reservation unless you request a change. Refunded deposits are paid in the form of a check approximately 2 weeks after your event.

Please remember this application is not final approval of your event, including the date and location. You are **not authorized** to advertise an event in a City of Tempe facility until you have received a signed facility use permit. **THIS APPLICATION IS NOT THE FACILITY USE PERMIT.**

Again, our staff is available to assist with the application. Thank you for the effort on behalf of your Organization.

SECTION 2 APPLICANT INFORMATION

Organization _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____

Name of Event Coordinator _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Business Phone _____ Fax _____ Mobile _____

Name of Back-Up Contact _____ Home Phone _____

Business Phone _____ Fax _____ Mobile _____

If your Organization/Company has a non-Tempe address but has a physical presence in Tempe please provide the Tempe Address and a copy of the business letterhead stationery: _____

SECTION 3 EVENT INFORMATION

Name of Event _____

Is the event open to the public? Yes _____ No _____

Description of Event _____

Requested Date of Event _____

FACILITY REQUIREMENTS:

Park Name _____

Ramada(s), Park Area or Field Requested:

Event Hours:

Set-up Begins _____

Starting Time _____

Ending Time _____

Clean-up Ends _____

Expected Attendance _____

Will there be a cost to attend?

No ☐ Yes ☐

Ticket Price: _____

Softball Field:

Yes _____ No _____

Preferred Time:

☐ 8-10 am ☐ 10-12 am

☐ 12-2 pm ☐ 2-4 pm

☐ 4-6 pm

☐ 6-8 pm ☐ 8-10 pm

Volleyball Court:

Yes _____ No _____

Preferred Time:

☐ 8-10 am ☐ 10-12 am

☐ 12-2 pm ☐ 2-4 pm

☐ 4-6 pm

☐ 6-8 pm ☐ 8-10 pm

NO VEHICLE ACCESS unless requested at least 1 week in Advance.

Some reservations may require a **STAFFING FEE** of \$10 per hour.

SECTION 4 BEER PERMIT

Will there be beer present at the event? Yes ☐ No ☐

If the answer is Yes, please answer the following:

Will beer be . . .

Sold at the event? Yes ☐ No ☐

Given away at the event? Yes ☐ No ☐

Included in ticket/admission price? Yes ☐ No ☐

Allowed to be brought into the event by attendees? Yes ☐ No ☐

Only beer is allowed at City of Tempe facilities - (NO GLASS or BOTTLES).

SECTION 5 MUSIC / SOUND

P. A. System? Yes ☐ No ☐

D. J.? Yes ☐ No ☐

Live Band? Yes ☐ No ☐

Live Music (Non-Amplified)? Yes ☐ No ☐

If Yes to any of the above questions, describe: _____

Available ONLY at Kiwanis Park and valid only until 7 pm. Music/Sound must not interfere with other park users.

SECTION 6
AMENITIES & AMUSEMENTS

If your event will include any of the following please provide the name of the company providing the service as well as the contact person, address and phone number.

	Yes	No	Company Name
Group Potluck OR Caterer	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Tables/Chairs:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Tents/Canopies:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
PLEASE INDICATE SIZE:			<input type="checkbox"/> 10x10 <input type="checkbox"/> 20x20 <input type="checkbox"/> Other <hr/>
Booths:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
PLEASE INDICATE SIZE & QUANTITY:			<input type="checkbox"/> 6-foot table <input type="checkbox"/> Other <hr/> how many <hr/>
Port-A-Johns:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Inflatables:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Games:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
DESCRIPTION OF GAMES:			<hr/>
Petting Zoo:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Pony Rides:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>

- ~ Please, No Dunk Tanks
- ~ Please, No Water Balloons
- ~ Please, Thoroughly Pick Up After Piñatas

Certificate of Insurance is Required for these Vendors

SECTION 7 FUND RAISING

If your event is a fund raiser please complete this section.

Which charity will receive part of the proceeds? _____

A letter from the charity, on the charity's letterhead, explaining the financial arrangements and their expectations is required.

Will there be a cost to attend? No _____ Yes _____ Ticket Cost: _____

Will there be merchandise, services or concessions sold? Yes _____ No _____

All vendors must have a valid Arizona and Tempe sales tax license.

The event sponsor is required to provide the City of Tempe a list of all individuals scheduled to sell merchandise, food, etc. The information must include company names, contact persons, addresses and phone numbers.

SECTION 8 INSURANCE

A certificate of insurance may be required. Need will be determined by size of the event and type of activity taking place. This insurance is primary to the City of Tempe's self-insurance retention. Groups required to provide a certificate of insurance must submit seven (7) days in advance. Certificates must state the following: The City of Tempe is named as an additional insured.

Minimum limits of liability coverage are as follows:

General Liability	\$ 1,000,000
Liquor Liability (if liquor is served)	2,000,000

The certificate of insurance requirement is very important and should not be left until the last days to be addressed. The lack of required insurance coverage and proper certificates will jeopardize the event.

A separate certificate of insurance will be required from each vendor servicing the event.

SECTION 9 SITE PLAN

A site plan depicting the layout/arrangement of the event is required for review by the Fire, Police, Audit and Licenses, and Public Works departments. Please include the locations of the following: stages, entertainment, food/information booths, tents/canopies, liquor locations, port-a-john, amusements (bounce-a-lot, etc.), generators, security positions and other event components. Please be as detailed and accurate as possible.

SECTION 10 CLEAN-UP/DAMAGE DEPOSIT

A Clean-up/Damage Deposit may be required to insure that the event area is left clean and to serve as a partial recovery element for damages. The deposit amount will be based on the size of the event and the type of activities to take place.

SECTION 11 CERTIFICATION

I hereby certify that the statement made in this application are true and complete to the best of my knowledge, and that I am authorized to execute this application. Intentional omission or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I agree to **defend**, indemnify and hold harmless the City and its respective **officials**, officers, agents, and employees and **volunteers** from any and all losses, claims, liabilities, **vicarious and/or derivative liabilities**, damages, costs, and expenses, including reasonable attorney's fees and court costs, resulting from the conduct of the applicant, **user**, sponsor or promoter, their employees or agents, with regard to the event applied for.

Signature of Authorized Agent of Applicant

Printed Name

Title